

COVID-19 Vaccination Card



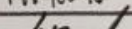

ID no.

SEÑAS

Suffix

Contact No. 0938 531 4020

A4

Dosage Seq.	Date (mm/dd-yy)	Vaccine Manufacturer	Batch No.	Lot No.
1st Dose 9:22AM	11/19/21	AstraZeneca		PW40096
	Vaccinator Name: DENNIS P. MACATANAY		Signature: 	
2nd Dose (Schedule: / /)	12/27/21			
	Vaccinator Name: MARTIN		Signature: 	

Health Facility Name: **IBAAN MUNICIPAL HEALTH OFFICE** Contact No.: **09636817468**

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